SENDER: COMPLETE THIS SECTION Case 3:00-cv-002/5 MHT Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY SC DOCUMENT 6 FILED 04/05/2006 A. Signature	Page 1 of 1
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	x Bunda Ingam Addressee	
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Brada Ingram 4/3/06	
1. Atticle Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Lee Co. Detcent	aber 275	
O.O. Box 2407	Service Type Certified Mail Registered Registered Certified Mail Registered Certified Mail	
Opelica, 17 3680	☐ Insured Mail	
2. Article Number (Transfer from service lab 7004 2510	0001 0720 3237	
PS Form 3811, February 2004, Domestic Ret	µrn Receipt 102595-02-M-1540	